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#### IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

#### IN AND FOR THE COUNTY OF MARICOPA

CHARLES ARNOLD, MARICOPA COUNTY PUBLIC FIDUCIARY, as guardian and next friend on behalf of JOHN GOSS; JANCY E. ELLISTON, as guardian, conservator and next friend on behalf of CLIFTON DORSETT and as next friend on behalf of RICHARD SCHACHTERLE and SUSAN SITKO; TERRY BURCH; and on behalf of all others similarly situated,

Plaintiffs.

vs.

ARIZONA DEPARTMENT OF HEALTH SERVICE, ARIZONA STATE HOSPITAL, MARICOPA COUNTY BOARD OF SUPERVISORS, and JANET NAPOLITANO, Governor of Arizona.

Defendants.

No. C-432355

ADHS' RESPONSE TO PLAINTIFFS' REPORT ON CONSUMER, FAMILY AND ADVOCATE ISSUES

(Assigned to the Hon. Bernard J. Dougherty)

Defendants, the Arizona Department of Health Services and the Arizona State Hospital ("ADHS"), by and through undersigned counsel, files a Response to Plaintiffs' Report on Consumer, Family and Advocate Issues.

## Issues Substantially Addressed by the Court's Current Orders

ADHS agrees with Plaintiffs' assessment that issues identified by consumers, advocates, and family members are addressed by current Court Orders, specifically, the recently court-approved Corrective Action Plan.<sup>1</sup> While ADHS appreciates the comments made by consumers, family members and advocates, it is important to emphasize to the court and the community the substantial improvements ADHS has made in the behavioral health system in recent years, notwithstanding the findings of the Court Monitor's 2004 Independent Review. The following are three examples of such improvements.

### Housing:

- ADHS has expanded, developed and maintained housing for consumers, resulting in an increase from 2,165 units in 1995 to a housing capacity of 5,387 units today (an increase of 3,222 units or a 150% increase).
- ADHS, and its contractor ValueOptions, the Maricopa County Regional Behavioral Health Authority ("RBHA"), have increased the number of rental subsidy units for homeless consumers during the last four years. In 1999, there were 1,110 consumers housed in Maricopa County through the Continuum of Care Homeless Rental Assistance Program. By 2004, 1,579 homeless consumers were housed, an increase of over 469 tenants.
- ADHS, through non-profit behavioral health organizations, purchased and developed twenty-seven (27) houses and fifteen (15) small apartment complexes throughout Maricopa County, providing two hundred and twenty-

<sup>&</sup>lt;sup>1</sup> The chart on p. 7 of Plaintiffs' Report lists applicable Court Orders, but does not reference any provisions contained in the Corrective Action Plan.

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six (226) new permanent housing units primarily for priority population consumers, with some properties designated for specialty populations.

• For consumers transitioning out of the Arizona State Hospital, Adult Residential and Supervisory Care Homes there are twenty-one (21) houses and eight (8) apartment complexes providing one hundred and twenty-three (123) housing units.

### Supervisory Care Homes:

- In the past 18 months, ValueOptions has reduced the number of individuals living in Supervisory Care Homes from 400 to 222, by assisting 178 consumers to relocate to other housing options in the community.
- Of the 28 Supervisory Care Homes identified by the Court Monitor as "priority" or "banned," Sixteen of these homes have been closed, which represents a 57% rate of closure.
- Two specialty case management teams have been established to serve the 222 consumers who currently reside in Supervisory Care Homes.

### Crisis System:

- ADHS has significantly increased the funding and services available through the crisis network. Under the Exit Stipulation, ADHS was required to develop a crisis network through the additional, annualized expenditure of \$4,300,000.
   The current crisis network funding is \$42,000,000.
- The Psychiatric Recovery Centers (formerly know as the Urgent Care Centers), that did not exist when the Exit Stipulation was signed, served approximately 1,250 consumers in May 2004.
- The Psychiatric Recovery Centers serve in excess of 1,000 consumers a month.
- The Crisis phone lines receive over 25,000 calls per month.

### Oversight of ADHS and its Budget

Plaintiffs identified the lack of independent oversight of both ADHS and the RBHA as a concern, but conceded the current court orders provide the Court Monitor with sufficient authority to perform her oversight function. While the Court Monitor identified oversight as a concern in the 2004 Independent Review recommendations, she did not ask for additional court orders for authority, funds, or responsibility to oversee ADHS or its budget. Instead, she recommended ADHS ". . . engage in much more vigorous and involved oversight to ensure (the implementation of system changes) and the clinical practices are consistent with the court orders. Court Monitor's Independent Review, Recommendation 4, p.37

Nonetheless, ADHS is more than willing to describe its budget and accounting oversight practices, including its oversight of ValueOptions, to the Court Monitor, interested consumers or advocacy groups.<sup>2</sup> The following are some examples of current ADHS oversight functions:

- Analyze, and report to ADHS management, data from ValueOptions' monthly, quarterly and annual financial statements;
- Analyze, and report to ADHS management, data from ValueOptions' daily and monthly encounter submissions to ensure that services are being provided;
- In conjunction with the Arizona Health Care Cost Containment System, conduct an annual encounter data validation study for accuracy, timeliness and completeness;
- Operate a unit to monitor fraud and abuse;

<sup>&</sup>lt;sup>2</sup> In anticipation of addressing budgetary issues, ADHS included a strategy in the Corrective Action Plan to provide information on system funding to the Court Monitor as requested. See Goal 6, Strategy 3, Action Step I.

- In conjunction with independent actuarial consulting firms, develop fee-forservice and capitation rates; and
- Monitor, on a monthly basis, the RBHA capitation and financial performance requirements.

### Oversight of RBHA Expenditures

Plaintiffs' report raised concerns about ValueOptions' financial practices that allegedly cause fewer available services for consumers. Each of the identified concerns is addressed below.

### Excessive Profits

ValueOptions current contract allows for a maximum risk corridor of 4%, calculated separately for Title XIX, Title XXI and non-Title XIX populations. In addition, the current contract allows ValueOptions the opportunity to meet clinical performance measures to earn an additional 1%. This is a significant change from prior years when the risk corridor in ValueOptions' contract was 10% for the Title XIX and Title XXI populations.

# Shifting Funds between Client Groups

Since the inception of the contract, ADHS has required ValueOptions to submit annual audited financial statements. Beginning in 2004, ADHS requires ValueOptions auditors to submit an audit opinion for each and every program category.

# Use of Affiliated or Sister Corporations

Since July 2001, ADHS required that any profits earned by affiliated companies be included in ValueOptions' 4% risk corridor calculation. Beginning in fiscal year 2003, ADHS required ValueOptions to submit financial statements of affiliated companies in order to allocate affiliated companies' earnings to ValueOptions' risk corridor.

### Excessive Administrative Costs

Beginning in 2004, ValueOptions is allowed to earn a maximum of 7.5% for administrative costs. Prior to 2004, administrative costs were capped at 8%. ADHS controls administrative costs by monitoring ValueOptions' financial data on a monthly basis.

#### Retention of Pharmacy Rebates

In the current contract, ADHS requires ValueOptions to report net reductions in pharmacy costs and accounts for pharmacy rebates in the calculation of the risk corridor.

## Independent Oversight of the System by Consumers and Family Members

ADHS welcomes consumer and family member feedback, input and participation in evaluating the efficiency of its service delivery system. Indeed, consumers already have a strong voice in participating in ADHS' operations, specifically with respect to the seriously mentally ill. Moreover, ADHS is currently implementing a strategic plan to increase consumer and family involvement in ADHS' operation of the behavioral health system. The following are some examples of consumer and family member participation:

- Peer support providers;
- The Court Monitor's audit team;
- Mentoring teams at clinic sites;
- The Arnold v. Sarn Oversight Committee;
- · Human Rights Committees; and
- Various work groups within ADHS.

Finally, Plaintiffs' suggest that consumers, advocates and family members should have the responsibility for ongoing monitoring of the system with regular reporting and the authority to require corrective action. ADHS cannot delegate this oversight function

without statutory authority. See e.g. Arizona Health Care Cost Containment System v. Bentley, 187 Ariz. 229, 232, 928 P.2d 653, 656 (App. 1996) (An administrative agency has no powers other than those delegated to it by the legislature)

The legislature has granted ADHS the authority to conduct oversight of the behavioral health system. See e.g. A.R.S. § 36-3402(B) (Deputy Director is responsible for the direction, operation and control of the ADHS, Division of Behavioral Health Services ["ADHS/DBHS"] and reports to the ADHS Director); A.R.S. § 36-3403(B) (ADHS/DBHS Deputy Director shall administer unified mental health programs including the functions of community mental health); A.R.S. § 36-3411(B) (ADHS/DBHS' contracts for the provision of behavioral health services shall include language and penalties for noncompliance with contract requirements); A.R.S. § 36-550 et. seq (ADHS/DBHS Deputy Director is responsible for implementing and evaluating a statewide system of community mental health residential treatment programs); and A.R.S. § 36-141 (ADHS Director is authorized to contract for the development and maintenance of drug and alcohol services).

In contrast, the legislature has established advisory committees and boards that allow the consumer's voice to be heard. See e.g. A.R.S. § 41-3804(G) (Human Rights Committee shall issue an annual report of its activities and recommendations for changes to the ADHS Director) and A.R.S. § 36-217 (Arizona State Hospital Advisory Board makes recommendations to the ADHS Deputy Director and the Arizona State Hospital Superintendent concerning activities, programs and services provided to patients).

# Pharmacy Issues

ADHS agrees with Plaintiffs' conclusion that the concerns of consumers, advocates and family members with respect to pharmacy issues are currently being addressed and no additional court orders are necessary.

#### Conclusion

ADHS agrees that the majority of the issues identified by consumers, advocates and family members are addressed by current court orders, specifically by the recently court-approved Corrective Action Plan, and therefore, no additional court orders are needed. ADHS is willing to explain its oversight practices, including its oversight of ValueOptions, to the Court Monitor, consumers, family members and advocacy groups. ADHS welcomes input, feedback and participation from consumers and family members.

DATED this <u>16</u>th day of December 2004.

TERRY GODDARD Attorney General

Robert J. Sorce

Assistant Attorney General

ORIGINAL of the foregoing filed this / day of December,

2004 with:

Clerk of the Superior Court 201 W. Jefferson

Phoenix, Arizona 85003

delivered this <u>//</u>day of December, 2004 to:

The Honorable Bernard J. Dougherty
Superior Court of Maricopa County
201 W. Jefferson

Suite 4A

Phoenix, AZ 85003 Attention: Cheryl - Judge Colin Campbell

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